City of Green Bay HOME Grant Program Downpayment/Closing Cost Assistance Application

Section A: Primary Information 1. Applicant/Organization: Project Title: 2. Amount of HOME Funds Requested \$100,000.00 3. Person to Contact about this Application: Name: Email:_____ 4. Type of Organization Nonprofit _____ Government _____ 5. **Activity Purpose.** Does your activity primarily conduct the following? • Help prevent homelessness? Yes No Yes___ • Help the homeless? No____ • Help those with HIV/AIDS? Yes____ No____ Help persona with disabilities? Yes No

7. **Program Description:** Please provide a narrative describing your program. Describe: WHAT you will do, WHO you will serve, WHY the project is needed, WHERE you will do it?

8.	Program Need: What unmet community need (s) will your program address, how did you determine that this need(s) exists?
9.	Self Sufficiency: How will your program foster self-sufficiency of the client population served? Describe any factors that make your proposal unique or innovative:
10.	Location of Program: Please provide the actual address(es) where your staff implementing this program will be physically located. Also please describe the primary service area(s); that is, the geographic area from which most clients will come (e.g. by street, neighborhoods, communities, or census tracts). If the service area is Citywide, please state that, but if beneficiaries tend to come from certain neighborhoods, areas or parts of the City, please identify those areas.
11.	Program Goal: Please explain and list your program goals.
12.	Beneficiaries:
	• Estimate the total number (unduplicated) of people who will directly benefit.
	• What is the estimated number of minority people/households to be served?
	• Please identify any racial or ethnic minority groups targeted for services.
13.	Organization Experience and Capacity : please explain your organizations experience and capacity for the program.
14.	Community Development (Collaboration): Will you enter into partnership with any other organization(s) to undertake this program? Yes No if "yes" please list the organization(s) and its contribution(s).
15.	Budget : Please supply a Budget for the program for which you are requesting funds (Revenue Sources and Expenditures).

16.	5. Timing: Any HOME funds awarded must be fully expended within 12-month period from the contract signing. Please indicate how the activities will be undertaken and funds sent to meet this time frame requirement.								
17.	Leveraging: Please explain any leveraging this program will include.								
18.	Marketing and Outreach: Please describe how you will outreach and market your program.								
Please	attach the following information to this application:								
•	List of Board of Directors								
•	Mission of Agency/Organization								
•	Any supporting information as necessary.								
Signat	ure of Applicant/Agency Representative Date								

FY 2018 Income Limits Summary

Selecting any of the buttons labeled "Explanation" will display detailed calculation steps for each of the various parameters.

FY 2018 Income Limit	Median Family Income Explanation	FY 2018 Income Limit Category	Persons in Family							
Area			1	2	3	4	5	6	7	8
		Very Low (50%) Income Limits (\$) Explanation	27,150	31,000	34,900	38,750	41,850	44,950	48,050	51,150
Green Bay, WI HUD Metro FMR Area	\$77,500	Extremely Low Income Limits (\$)* Explanation	16,300	18,600	20,950	25,100	29,420	33,740	38,060	42,380
		Low (80%) Income Limits (\$) Explanation	43,400	49,600	55,800	62,000	67,000	71,950	76,900	81,850

NOTE: Brown County is part of the **Green Bay, WI HUD Metro FMR Area**, so all information presented here applies to all of the **Green Bay, WI HUD Metro FMR Area**. HUD generally uses the Office of Management and Budget (OMB) area definitions in the calculation of income limit program parameters. However, to ensure that program parameters do not vary significantly due to area definition changes, HUD has used custom geographic definitions for the **Green Bay, WI HUD Metro FMR Area**.